24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E) FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼			
NORTH FLORIDA NEIGHBORS			
			C C00582312
Check if 24-hour report X 48-hour report New report Amends report filed on			
Full	Name of Payee		Date of Public Distribution/Dissemination
Sc	cott Howell & Company		M M / D D / Y Y Y
Maili	ing Address 3900 Willow Street Ste. 200		07 25 2016 Amount
City		p Code	83720.09
Dall	las TX 7	5226	Transaction ID : SE.4241 Date of Disbursement or Obligation
	oose of Expenditure dia Buy	Category/ Type	07 19 2016
Nam	ne of Federal Candidate	X Support	Office Sought: X House District: 01
MA	TT GAETZ	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full	Name of Payee		Date of Public Distribution/Dissemination
			M M / D D / Y Y Y Y
Mail	ing Address		
			Amount
City	State Z	ip Code	
Purr	pose of Expenditure		Date of Disbursement or Obligation
		Category/ Type	M M / D D / Y Y Y Y
Nam	ne of Federal Candidate	Support	Office Sought: House District:
		Oppose	President Senate State:
	Calandar Very To Data		Disbursement For: Primary General
	Calendar Year-To-Date Per Election for Office Sought		Other (specify) >
(a) S	UBTOTAL of Itemized Independent Expenditures		83720.09
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) T	OTAL Independent Expenditures		83720.09
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	Abby Dupree [Electronica	lly Filed!	M M / D D / Y Y Y Y Y Y
Sig	gnature	uy Fueaj Date	07 26 2016